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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 1344 9

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36952
4347

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)
In this community 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3419 Wayne
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred Garvin Wilkinson

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beatrice Wilkinson

6. (c) Age of husband or wife if alive Living years

7. Birth date of deceased 6-14-1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	4	10	hr. min.

9. Birthplace Frankfort (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Retired

11. Industry or business C.B.&Q. R.R. Conductor

MOTHER FATHER

12. Name Joseph Wilkinson

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Beatrice Wilkinson

(b) Address 3419 Wayne, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C.K.

18. (a) Signature of funeral director Gibson & Son

(b) Address Kansas City, Kansas

19. (a) 10-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24
year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Friday, 10/22/48, 19..., to 10/24/48, 1948; that I last saw him alive on 10/23/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Shock & Medullary Compression	
Due to Cerebral Hemorrhage - left side	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Cerebral Hemorrhage left side.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alvin Silvers, M.D. (M. D. or other)

Address 1725 W. Blvd K.C. Ks. Date signed 10/26/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed George M. Mallay

Licensed Embalmer No. 2798 F

P. O. Address K. C., Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.